



## Washington State Department of Health Water System Plan Submittal Form

This form is required to be submitted along with the Water System Plan (WSP). It will serve to expedite review and approval of your WSP. WSPs will not be reviewed until submittal form and checklist are completed.

1. Water System Name	2. PWS ID# or Owner ID#	3. System Owner Name
4. Contact Name for Utility	Phone Number	Title
Contact Address	City	State Zip
5. Project Engineer	Phone Number	Title
Project Engineer Address	City	State Zip
6. Billing Contact Name (required if not the same as #4)	Billing Phone Number	Billing Fax Number
Billing Address	City	State Zip

6. How many services are presently connected to the system? \_\_\_\_\_
7. Is the system expanding? (seeking to extend service area or increase number of approved connections) ☐ Yes ☐ No
8. If number of services is expected to increase, how many new connections are proposed in the next six years? \_\_\_\_\_
9. If the system is private-for-profit, is it regulated by the State Utilities and Transportation Commission? ☐ Yes ☐ No
10. Is the system located in a Critical Water Supply Service Area? ☐ Yes ☐ No
11. Is the system a customer of a wholesale water purveyor? ☐ Yes ☐ No
12. Will the system be pursuing additional water rights from the State Department of Ecology in the next ten years? ☐ Yes ☐ No
13. Is the system proposing a new intertie? ☐ Yes ☐ No
14. Do you have projects currently under review by the Department of Health? ☐ Yes ☐ No
15. Are you requesting distribution main project report and construction document submittal exception, and if so, does the WSP contain standard construction specifications for distribution mains? ☐ Yes ☐ No
16. Are you requesting distribution related project report and construction document submittal exception, and if so, does the WSP contain distribution facilities design and construction standards, including internal engineering review procedures? ☐ Yes ☐ No
17. Have you sent copies of the draft WSP to adjacent purveyors and the County for their review and comment? ☐ Yes ☐ No

If answer to question 17 is yes, list adjacent utilities/entities that have received a copy of the draft WSP: \_\_\_\_\_

Is this plan: ☐ an Initial Submittal ☐ a Revised Submittal

Please enclose the following number of copies of the WSP:

2 copies for Department of Health

1 copy for Department of Ecology

1 additional copy if you answered "yes" to question 9

\_\_\_\_ 3 \_\_\_\_ Copies Required

\_\_\_\_ Total copies attached

**Please return completed form to the Office of Drinking Water regional office checked below.**

☐ Northwest Drinking Water Operations  
Department of Health  
20435 72<sup>nd</sup> Ave. S, Ste 200  
Kent, WA 98032-2358  
(253) 395-6750

☐ Southwest Drinking Water Operations  
Department of Health  
PO Box 47823  
Olympia, WA 98504-7823  
(360) 664-0768

☐ Eastern Drinking Water Operations  
Department of Health  
1500 W. Fourth Ave, Suite 305  
Spokane, WA 99204  
(509) 456-3115

## WSP Checklist

CONTENT DESCRIPTION		MUST BE SUBMITTED (✓)*	PAGE # IN WSP
<b>Chapter 1</b>	<b>DESCRIPTION OF WATER SYSTEM</b>		
	Ownership and Management	(✓)	
	System Background	(✓)	
	Inventory of Existing Facilities	(✓)	
	Related Plans (e.g., CWSP)	(✓)	
	Existing and Future Service Area and Characteristics	(✓)	
	Agreement	( )	
	Map	(✓)	
	Service Area Policies (Including SMA Policy and Conditions of Service	(✓)	
<b>Chapter 2</b>	<b>BASIC PLANNING DATA</b>		
	Current Population, Number of Service Connections, and ERUs	(✓)	
	Current Water Use and Data Reporting	(✓)	
	Current and Future Land Use	(✓)	
	Future Population, Number of Service Connections, and ERUs (6 and 20 years)	(✓)	
	Future Water Use (Demand Forecast for 6 and 20 years)	(✓)	
<b>Chapter 3</b>	<b>SYSTEM ANALYSIS</b>		
	System Design Standards	(✓)	
	Water Quality Analysis	(✓)	
	System Description and Analysis	(✓)	
	Source	(✓)	
	Treatment	( )	
	Storage	(✓)	
	Distribution System/Hydraulics	(✓)	
	Summary of System Deficiencies	(✓)	
	Analysis of Possible Improvement Projects	(✓)	
<b>Chapter 4</b>	<b>CONSERVATION PROGRAM AND SOURCE OF SUPPLY ANALYSIS</b>		
	Conservation Program	(✓)	
	Water Right Evaluation	(✓)	
	Source of Supply Analysis	( )	
	Water Supply Reliability Analysis with Water Shortage Response Plan	(✓)	
	Interties	( )	
<b>Chapter 5</b>	<b>SOURCE WATER PROTECTION (CHECK ONE OR BOTH)</b>		
	Wellhead Protection Program	( )	
	Watershed Control Program	( )	
<b>Chapter 6</b>	<b>OPERATION AND MAINTENANCE PROGRAM</b>		
	Water System Management and Personnel	(✓)	
	Operator Certification	(✓)	
	Routine Operating Procedures, Preventive Maintenance and Record Keeping	(✓)	
	Water Quality Sampling Procedures (Comprehensive Monitoring Plan)	(✓)	
	Coliform Monitoring Plan	(✓)	
	Emergency Response Program	(✓)	
	Safety Procedures	(✓)	
	Cross-connection Control Program	(✓)	
	Customer Complaint Response Program	( )	
	Summary of O & M Deficiencies	(✓)	
<b>Chapter 7</b>	<b>DISTRIBUTION FACILITIES DESIGN AND CONSTRUCTION STANDARDS</b>		
	Standard Construction Specification for Distribution Mains	( )	
	Design and Construction Standards for Distribution Related Projects, including Internal Engineering Review	( )	
	Procedures (i.e., Alternative Review)		
<b>Chapter 8</b>	<b>IMPROVEMENT PROGRAM</b>		
	Selection and Justification of Proposed Capital Improvements Projects	( )	
	Selection and Justification of Non-Capital Projects	( )	
	Improvement Schedule (6 and 20 years)	(✓)	
<b>Chapter 9</b>	<b>FINANCIAL PROGRAM</b>		
	Identification of Cost of Capital and Non-Capital Improvements	(✓)	
	Identification of Annual O & M Expenses	(✓)	
	Six-Year Balanced Operating Budget	(✓)	
	Discussion of Water Rates Including Proposed Increases and Rate Structures	(✓)	
	Financial Viability Test (for systems serving less than 1000)	( )	
	UTC Financial Viability and Feasibility Test (for UTC regulated systems)	( )	
<b>Chapter 10</b>	<b>MISCELLANEOUS DOCUMENTS</b>		
	County/Adjacent Utility Correspondence	(✓)	
	State Environmental Policy Act (SEPA) Determination	( )	
	Agreements	( )	
	Satellite Management Program	( )	

\*At the pre-plan conference, a formal determination will be made on what must be submitted.